



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

RECEIVED
NOV 9 2016

Thomas Feldser

FILED

NOV - 9 2016

LUCY V. CHIN, Interim Clerk
By [Signature] Dep. Clerk

16

5808

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Michael L. Gwinter

and partner for case #

MC-SI-CR-0002059-2016

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Thomas Feldser

ID #

1026585

Current Institution

CFCF

Address

7901 State Rd phila pa 19136

No IEP
No Rec-
Panel

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name <u>Michael L. Guintar</u>	Shield # _____
	Where Currently Employed <u>3rd District Police Department of Phila</u>	
	Address _____	

Defendant No. 2	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	

Defendant No. 3	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	

Defendant No. 4	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	

Defendant No. 5	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? _____
- B. Where in the institution did the events giving rise to your claim(s) occur? _____
- C. What date and approximate time did the events giving rise to your claim(s) occur? 1-20-16

7:00 pm

What happened to you?

D. Facts: On 1-20-16 about 7:00 pm on 1600 South Juniper St I was stopped by police officer Michael L. Ginter and his partner. They put me under arrest and started punching and kicking me for no reason for Case # MC-51-CR-0052059-2016 I was taken to Methodist hospital for treatment. This is the same police officer that Abused me in 2012 on Sept-18th I had to go to Methodist hospital to get stitches on my left eye

Who did what?

Michael L Ginter put me in handcuffs while his partner punched me in my face then officer Michael C. Ginter Slamed me and started Kicking me other police officers came and took me to Methodist Hospital

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

9-18-2012, Cut above left eye multiple scrapes and bruises to left side of face and head area, Liquid Stitches, Ice pack, and pain killers
1-20-2016, Bruised right eye, Bruised rib cage and spinal area, looked at eye, gave pain killers muscle rub for ribs and spine area

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No ____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I suffer from Depression, Anxiety, Paranoia,
I have nightmares of the attack on and off Hedges
and I also have a life line scar and Blurriness in my left eye
I also take Zoloft 50mg because I was diagnosed with
PTSD Post traumatic stress disorder. I fear for
my life from this officer this is the second time I was
assaulted, im scared of what he might do next

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

300,000.00
Three hundred Thousand
and Hospital Bills

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No _____

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3rd day of November, 2016.

Signature of Plaintiff



Inmate Number

1026585

On
other
claims

Institution Address

Thomas Feldser
1026585
7901 State Rd
Phila ps 19136

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3rd day of November, 20 16, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:

Thomas Feldser